

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014556

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

326  
Filed APR 1 1963

Primary Registration District No.

Registrar's No.

122

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0990

2 09902

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4 1

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12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Memphis</b>		Length of stay in 1b <b>42 yrs.</b>	c. CITY OR TOWN <b>Memphis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ALICE</b> Middle <b>LE VANCHIE</b> Last <b>ADAMS</b>		4. DATE OF DEATH Month <b>Mch.</b> Day <b>25</b> Year <b>1963</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-28-1882</b> 9. AGE (last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>home maker</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Scotland Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Orton A. Barnes</b>	
13b. MOTHER'S MAIDEN NAME <b>Emily Pierce</b>		14. NAME OF HUSBAND OR WIFE <b>Stephen Adams</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Address <b>Mrs. David Allman Chicago, Ill.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Coronary heart disease</b> DUE TO (c) Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>4</b> a.m. Month, Day, Year <b>2-5-59</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Memphis</b> COUNTY <b>Mo.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>2-5-59</b> to <b>3-25-63</b> and last saw her alive on <b>3-25-63</b> Death occurred at <b>4-A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>S. H. Channing D.O.</b> (Degree or title)		22b. ADDRESS <b>Nashoka Mo.</b>	22c. DATE SIGNED <b>3-26-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3-28-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memphis</b>	23d. LOCATION (City, town, or county) <b>Memphis Mo.</b>
24. FUNERAL DIRECTOR <b>D. W. Payne &amp; Sons</b> ADDRESS <b>Memphis, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-27-63</b>	26. REGISTRAR'S SIGNATURE <b>Vernon G. Turner</b>

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student/Embalmer

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.